

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

## 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Benefits & Quality Monitoring Division

Street Address

1000 G Street, Suite 450, Sacramento, CA

Area Code/Phone Number

(916) 327-8243

E-mail

LHerrera@mrmib.ca.gov

Agency Contact (name and title)

Laurie Herrera, Filing Officer

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

## 2. Donor Name and Address

☐ Individual ☒ Other Medicaid - CHIP State Dental Association

2 Grove Street Sandwich MA 02563  
Address City State Zip Code

An organization whose goal is to improve the quality of the oral health delivery system for Medicaid and CHIP.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name \$ Amount Name \$ Amount

## 3. Payment Information

Date and Amount of Payment (other than travel) 6/26/2012 \$ 800.00  
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Washington D.C.

6/24 - 26/2012 \$ 800.00 \$ 800.00  
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

To attend the 2012 National Medicaid - CHIP State Dental Association (MSDA) Oral Health Symposium in Washington, D.C. The focus of the conference was on improving quality measurement in the Medicaid and CHIP oral health care delivery system.

Identify the officials for whom the payment was used:

Watanabe Mary Staff Services Manager I Benefits & Quality  
Last Name First Name Title Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)